

Inspection Report

4 August 2022



Wilson House Resource Centre

Type of service: Day Care Setting
Address: 17 Raceview Road, Broughshane, Ballymena, BT42 4JL
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northern Health and Social Care Trust	Registered Manager: Ms Judith Beckett
Responsible Individual: Ms Jennifer Welsh	Date registered: 16 May 2022
Person in charge at the time of inspection: Ms Judith Beckett	
Brief description of the accommodation/how the service operates: Wilson House Resource Centre is a ground floor Trust run Day Care Setting in the town of Broughshane with 50 places that provides care and day time activities for people living with a disability, a social or health vulnerability, including those with dementia.	

2.0 Inspection summary

An unannounced inspection was undertaken on 4 August 2022 between 10.45 a.m. and 4.45 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

A review of the internal environment concluded it was well maintained, clean, decorated to a good standard with many displays of service user's paintings, art and craft work on the walls. The flooring in two identified rooms was observed to be rippled and worn in places and identified sections of paths and garden areas to the front and rear of the building used by service users were uneven and potential trip hazards.

Four areas for improvement were made, these concerned the day care settings Annual Quality Report; service user's care plans and the internal and external environment.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

Wilson House Resource Centre use the term 'service users' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included several easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, staff members and a visiting professional.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "I love it here, I meet with my friends."
- "I enjoy all that I do here – it's a great centre."

- “I’ve been coming here for 10 years and I love it. It’s my time for me and provides me with a break from my caring responsibilities at home.”
- “The staff are all lovely, so friendly and I enjoy the chat with them.”
- “I can go to the staff to talk with them if I need to.”
- “It’s a great place to come to do different things & meet up friends.”
- “The lunches are delicious and I can’t fault the centre at all.”
- “I love going out on the bus, we’re going on a ‘mystery bus tour’ this afternoon.”
- “I like the fact the hairdresser comes here every Tuesday & Thursday – it’s great getting my hair done.”

Discussions with staff focused on safeguarding vulnerable adults, staff training, formal supervision, moving and handling, DoLs and Dysphagia. Staff were knowledgeable, complimentary about the quality of training received and no concerns were noted.

HSC Trust representatives’ comments:

- “The centre is well run and managed, the environment clean and the colourful art displays by service users are excellent. The staff and manager are friendly, hospitable, professional. I have no concerns and if any arose, I would speak with the manager.”

There were no returned RQIA service user questionnaires or electronic questionnaires.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the day care setting was undertaken 7 September 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 7 September 2021		
Action required to ensure compliance with the Day Care Settings Minimum Standards\z (revised), 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 17.10 Stated: First time	The registered person shall ensure that incident/accidents occurring in the service are reviewed as part of the monthly quality monitoring process and an accurate record retained. Ref: 5.2.4	Met
	Action taken as confirmed during the inspection: The inspector randomly sampled 3 monthly monitoring reports during this inspection and confirmed that incidents and accidents are	

	reviewed during the day care settings monthly monitoring visits. Records are made regarding these.	
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5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme. A review of records confirmed that where the day care setting was unable to provide training in the use of specialised equipment, this was identified by the day care setting before care delivery commenced and training was requested from the HSC Trust.

A review of care records identified that moving and handling risk assessments and care plans were up to date. Where a service user required the use of more than one piece of specialised equipment, direction on the use of each was included in the care plan. Daily records completed by staff must note the type of equipment used on each occasion.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager agreed to review the policy relating to medicines management so it would include direction for staff in relation to administering liquid medicines. The manager advised that currently no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, their care records would contain a Form 1, a letter confirming DoL is in place is held on file and the day care setting would maintain a register of those service users who have a DoL in place. There would also be details of DoLs assessments completed and agreed outcomes developed in conjunction with the service user's HSC Trust representative.

5.2.2 What are the arrangements for promoting service user involvement?

The purpose of the LD NI Model is to outline what individuals with learning disabilities expect of services, how services will achieve this and how they will be measured to ensure high quality, cost effective care.

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports (if applicable) which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Review of three service user's care plans showed that these had not been signed by the registered manager and two had not been signed by the service user, however they had been signed by the staff member completing it. This is an identified area for improvement because service user's care plans are to be signed and dated by the service user, the member of staff responsible for completing it and the registered manager. One service user's care file did not

contain a photograph, this was discussed with the manager who explained the service user had recently commenced attendance. Assurances were given by the manager that a photograph would be put in place in the near future.

Reports of service user's annual review of their placement contained their views about their care and support as specified in minimum standard 15.5 of The Day Care Settings Minimum Standards, (revised), 2021.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in.

It was important that individuals with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an information leaflet/easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the day care setting was aware of the resources available from NI Direct, HSC websites and local organisations to support service users.

The day care setting had recently completed an annual review in relation to their service provision which incorporated service user and their representatives' feedback (Regulation 17). The manager said she is in the process of disseminating this to all of the service users, in a format which best meets their communication needs.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was a number of volunteers working in the outdoor garden areas of the centre. The volunteers have the appropriate work permits authorising them to work.

The day care setting had a policy and procedure for volunteers which clearly specified their role and responsibilities. The manager confirmed that volunteers did not undertake any personal care duties with service users and that AccessNI checks had been completed.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role. –

A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been recruited, inducted and trained in line with the regulations.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by agencies.

The records included the names and signatures of those attending the training event, the date(s) of the training, the name and qualification of the trainer or the training agency and the content of the training programme.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was requested and emailed to RQIA after the inspection. Guidance was issued to the manager to ensure it fully reflects all of the matters specified in Schedule 3 of The Day Care Setting Regulations (Northern Ireland) 2007. This is an identified area for improvement.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the day care setting's monthly quality monitoring process.

6.0 Conclusion

Based on the inspection findings, five area/s for improvement were identified. Despite this, RQIA was satisfied that this day care setting was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in, four areas for improvement being identified. Findings of the inspection were discussed with Ms Judith Beckett, Registered Manager as part of the inspection process and can be found in the main body of the report.

Areas for improvement has/have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 and Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	1	3

Areas for improvement and details of the QIP were discussed with Ms Judith Beckett, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 26(2)(b) Stated: First time To be completed by: 30 March 2023	<p>External areas used by service users must be kept in a good state of repair. The Registered Person shall ensure:</p> <ol style="list-style-type: none"> a) the identified uneven concrete entrance / path areas of Wilson House Resource Centre are made safe for service users in attempts to prevent future trips and falls. b) The identified garden areas are made safe and are accessible for all service users including those with mobility needs. This includes the removal of moss and weeds (Standard 25.5). <p>Ref: 2.0</p> <p>Response by registered person detailing the actions taken: The external areas identified for repair have been escalated to the NHCST Estates Services Department. The areas have been assessed and plans are in place to progress with works.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised)	
Area for improvement 1 Ref: Standard 5.3 Stated: First time To be completed by: 5 December 2022	<p>Service user's care plans are signed and dated by the service user, the member of staff responsible for completing it and the registered manager.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Staff responsible for the completion of service user's care plans will ensure that they sign and date the care plan, and that they obtain a signature and date from the service user and the manager. The registered manager and area manager will complete regular file audits to ensure compliance with this standard.</p>
Area for improvement 2 Ref: Standard 17.11 Stated: First time To be completed by: 30 October 2022	<p>The quality of services provided is evaluated on at least an annual basis and an Annual Quality Report completed. This should include qualitative information pertaining to all of the matters specified in Schedule 3 of The Day Care Setting Regulations (Northern Ireland) 2007.</p> <p>Ref: 5.2.6</p>

	<p>Response by registered person detailing the actions taken: The Annual Quality Report was completed on 04/08/2022, and further revised and updated on 07/09/2022 to include qualitative information pertaining to all matters specified in Schedule 3 of The Day Care Setting Regulations (Northern Ireland) 2007.</p>
<p>Area for improvement 3 Ref: Standard 25 Stated: First time</p>	<p>The flooring in the identified two offices occasionally used by service users should be replaced or made safe to avoid potential trips particularly for individuals with mobility needs.</p> <p>Ref: 2.0</p>
<p>To be completed by: 31 March 2023</p>	<p>Response by registered person detailing the actions taken: The flooring identified for replacement has been escalated to the NHSCT Estates Services Department. Flooring will be replaced as part of an ongoing programme of works for the day centre.</p>

Please ensure this document is completed in full and returned via Web Portal



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